

Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

ROTATOR CUFF REPAIR WITH SUBSCAPULARIS REPAIR ± BICEPS TENODESIS REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: Size and location of the tear, acute versus chronic condition, strength/pain/swelling/range of motion status, pre-operative function, rehabilitation goals and expectations

I. POST-OPERATIVE INSTRUCTIONS:

- a. Abduction sling x 6 weeks post-op
- b. May **remove bandage post-op day 3** and clean shoulder with alcohol and gauze. Keep sterri-strips//sutures in place and reinforce with band aids as needed. Sling or abduction pillow at all times except for exercises and shower. **Ok to shower, keeping shoulder covered and as dry as possible** with saran wrap and tape
- c. After removing dressing on 3rd day, do not scrub over incisions while in shower. Just let soap/water drain over shoulder and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks)
- d. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the shoulder/arm the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**

II. REHAB PROTOCOL. 0-3 WEEKS POST OP:

- a. **Establish 1st visit with physical therapist within 2 weeks after surgery.** If you did not get a referral for therapy before surgery, please call Dr. Hazelwood's office so that we may fax the referral to the therapist. This first visit will be an educational visit to teach you home exercises and what to avoid. Other than 1-2 visits with PT, the first 6 weeks is a **home program.**
- b. **No external rotation past neutral (straight ahead position) x 6 weeks from date of surgery**
- c. **No overhead motion x 6 weeks**
- d. Pendulum exercises, Table Slides 3-6x/day
- e. Modalities, ice as needed. Place a towel or covering between your skin and the ice to protect your skin. Maximum 20 minutes/per hour. Gradually wean off ice as swelling/discomfort decreases.
- f. Hand, wrist range of motion
- g. If no biceps tenodesis, then no elbow ROM restrictions. If there was a biceps tenodesis, **No active elbow flexion or x 4 weeks**

III. 3-6 WEEKS POST-OP:

- a. May remove sling for exercises and around house, continue to wear sling when out of house and for sleep. May submerge wounds at 4-5 weeks
- b. Table Slides/Pendulums 3x/day
- c. Weight Restrictions: <10 lbs
- d. Continue hand/wrist motion. Grip strengthening. Begin elbow motion after four weeks if biceps tenodesis was done.
- e. Begin gentle posterior capsular strengthening
- c. Begin submaximal ER isometric exercises in neutral, arm at side (week 5)
- d. Deltoid isometrics, active assisted scapular strengthening in protective range (shrugs/retractions)

IV. 6-12 WEEKS POST-OP:

- a. Out of sling full time
- b. Advance passive and active assisted motion. **Goal: Restore Full Flexion by Week 10. Full motion at 12 weeks**
- c. Passive/Active **external rotation up to 45 degrees**
- d. Begin overhead motion. ROM emphasizing forward flexion. Gentle passive stretch to tolerance forward flexion
- e. Wall climbs, pulleys, functional reach behind the back
- f. Advance posterior capsular strengthening

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- g. Deltoid isotonic in plane of scapula, only after positive rotator cuff strength is determined
 - h. Continue with scapular PRE's. Begin biceps PRE's
 - i. Progress Rotator cuff isotonic as ROM approaches normal
 - i. Begin Theraband IR / ER
 - ii. Progress to open chain scapular exercises
 - lii. Upper extremity progressive resistance exercises for large muscle groups, (pec,lats)
 - iv. Begin isokinetic program
 - h. Weight Restrictions: <20 lbs.
- V. **12-16 WEEKS POST-OP:**
- a. Advance upper extremity PRE's
 - b. IR / ER isokinetics
 - c. Begin plyometric program for overhead athletes
 - d. Continue with throwing and racquet program if appropriate
 - e. Posterior capsule stretching after warm-ups
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- f. Progress PRE's from side for overhead athletes
 - g. Weight Restrictions: <30 lbs. through week 12
- VI. **16+ WEEKS POST-OP:**
- a. Return to normal everyday activity, still avoiding heavy overhead lifting
 - b. Functional exercises, continue Isokinetics
 - c. May start push-ups if. Lightweight gym exercises may start
- VI. **20+ WEEKS POST-OP:**
- a. Isokinetic test results for the shoulder patterns should demonstrate at least 80% strength and endurance (as compared to the other side) before proceeding to sport specific activities
 - b. Initiate light upper body plyometrics program
 - c. Return to sports/unrestricted activity will vary depending on each individual and factors such as activity demand, strength, range of motion, pain, etc. Generally the earliest return to sports is between 5-6 months
 - d. Overhead athletes initiate throwing program around 6 months from surgery

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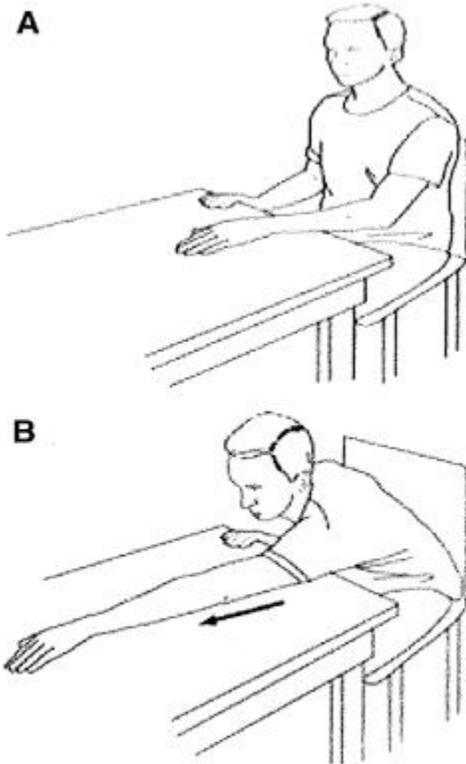


FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.

